

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 97454684	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64	1					
15	1						65	1					
16	1						66	1					
17		1					67						
18		1					68						
19		1					69						
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25		1					75						
26		1					76						
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30	1						80						
31		1					81						
32	1						82						
33		1					83						
34	1						84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39	1						89						
40	1						90						
41		2					91						
42		2					92						
43		2					93						
44		2					94						
45	1						95						
46		2					96						
47	1						97						
48		1					98						
49		1					99						
50	1						100						
TOTAL IND.							TOTAL IND.	20					
TOTAL DEP.							TOTAL DEP.	51					
TOTAL CLAIMS							TOTAL CLAIMS	71					

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